Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

INSTRUCTIONS FOR CLASS 1 BLASTER APPLICATION

Requirements for Credential

Per Wis. Admin. Code § 305.20, no person may prepare explosive charges or conduct blasting operations unless the person holds a credential as a licensed Class 1 Blaster, licensed Class 2 Blaster, licensed Class 3 Blaster, licensed Class 4 Blaster, licensed Class 5 Blaster, licensed Class 6 Blaster, or licensed Class 7 Blaster or is under the direct supervision of a person who holds a credential as a licensed Blaster in one or more of the categories.

A person who holds a credential as a licensed Class 1 Blaster or is under the direct supervision of a person who holds a credential as a licensed Class 1 Blaster is limited to conducting blasting operations and activities not closer than 500 feet to an inhabited building for stumps, boulders, ice, frost, concrete, footings, foundations, pole settings, drainage ditches, beaver dams, pot holes, seismic tests, boiler tubes, fertilizer piles, silos, dimension stone, well shooting, metal forms, black powder or coal piles.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Application and Fee: The fee consists of a \$15 application fee, a \$30 exam fee and an \$8.00 CIB fee. When the exam is passed the applicant will pay a \$100 credential fee, based on a 4 year term from the date of issuance.
- Criminal History Review (CIB Review): The issuance of a Blaster license shall be contingent upon the Department's review of the applicant's criminal history record from the Department of Justice.
- Experience: A person applying for Class 1 Blaster license shall be at least 21 years old and completed at least 640 hours of experience working under the direct supervision of a licensed Wisconsin Class 1 Blaster. Complete the Experience Table on page 2.
- **Examination:** Select an exam date on Page 2. For additional information on exam content, please view the Department website at http://dsps.wi.gov under "Licenses, Permits, and Registrations" and select "Trades Professions."

Wisconsin Department of Safety and Professional Services Mail To: P.O. Box 78780 Milwaukee, WI 53293-0780 FAX #: Phone #: Phone #: P.O. Box 78780 Milwaukee, WI 53293-0780 FAX #: Phone #: Phone #: P.O. Box 78780 Milwaukee, WI 53293-0780 E-Mail: DSPSCredTrades@wi.gov Website: http://dsps.wi.gov

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

APPLICATION FOR CLASS 1 BLASTER LICENSE

Under Wisconsin law, the Department must deny your application if you are lia	able for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).					
PLEASE TYPE OR Your name and address are available of 10 or more credential holders (Wis. 1)	to the public. Check box to withhold street address/PO Box number from lists Stat. § 440.14).					
Last Name First Name	MI Date of Birth					
Address (street, city, state, zip)	Daytime Telephone Number					
Social Security Num	y Number must be submitted with your application on this form. If you do not have a nber, you must complete Form #1051. The Department may not disclose the Social llected except as authorized by law.					
Have you ever held a Trades credential in WI? Yes No If yes, list your credential number:						
Email Address						
APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see below for further information) Initial Credential Fee	APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED: Fee and Application (including signature on Page 3) Is name on all credentials the same? If not, list former/maiden name(s):					
ARE YOU A VETERAN? If yes, please view the Department website at http://dsps.wi.gov under "Licenses, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.						
If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No						
If Yes, provide a copy of your Department of Veterans Affairs voucher co	de and list your DVA Voucher Code Number:					
You may contact the DVA at 1-800-WisVets or www.WISVET.com for	c assistance in obtaining your DVA Voucher Code and/or documents					

#3088 (Rev. 6/16) Class Code 8262/8312

related to your training.

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EXPERIENCE TABLE:

Document at least 640 hours of experience working under the direct supervision of a person who holds a Wisconsin Class 1 Blaster license. The witness must be the licensed Wisconsin Class 1 Blaster who directly supervised the work performed by the applicant. Copies of this page may be made to mail to witnesses to sign. (attach additional sheet(s) if necessary)

Hours	Signature of Witness	WI License #	Phone # of Witness		

TO SCHEDULE AN UPCOMING EXAM:

- Indicate a first date choice (1) and a second date choice (2) in the event one exam site is full.
- Submit the fee and this application to the Department at least 30 days in advance of the exam date chosen.
- Keep a copy of this application for your records. You may only schedule one future exam session at a time for each credential type.
- You will receive a letter from DSPS confirming your upcoming exam, including the time, date and location of the exam.
- If you need special accommodations, please contact us at <u>DSPSCredTrades@wi.gov</u>

Select One: A.M. (Starts at 8:00 a.m.) or P.M. (Starts at 1:00 p.m.)							
	☐ January 20, 2016	☐ February 10, 2016	☐ March 9, 2016	☐ April 20, 2016			
Pewaukee – WCTC Education Center 800 Main St., Pewaukee, WI 53072	☐ May 11, 2016	☐ June 30, 2016	☐ July 20, 2016	☐ August 17, 2016			
	☐ September 28, 2016	October 26, 2016	☐ November 9, 2016	December 14, 2016			
Eau Claire – The Plaza Hotel & Suites	☐ February 23, 2016	☐ April 12, 2016	☐ June 2, 2016	☐ August 3, 2016			
1202 W Claremont Ave, Eau Claire, WI 54701	October 5, 2016	☐ December 7, 2016					
Appleton - Fox Valley Technical College	☐ January 6, 2016	☐ March 22, 2016	☐ May 24, 2016	☐ July 14, 2016			
1825 North Bluemound Dr., Appleton 54914	September 7, 2016	☐ November 22, 2016					

RENEWAL REQUIREMENTS: Please view the Department website at http://dsps.wi.gov under "Licenses, Permits, and Registrations" and select "Trades Professions."

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS:
I declare under penalty of law that I am (check one):
☐ A citizen or national of the United States, or
A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA) For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at http://www.uscis.gov .
Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.
CONTINUING DUTY OF DISCLOSURE
I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.
AFFIDAVIT OF APPLICANT
I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.
By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.